

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN0701	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  05/02/2012
NAME OF PROVIDER OR SUPPLIER  BEECH TREE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELICO, TN 37762		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 835	<p>1200-8-6-.08 (5) Building Standards</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to assure plans were submitted for approval for a sprinkler system alteration.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on May 2, 2012 at 9:39 a.m. revealed that the facility had a new air compressor installed to their sprinkler system on April 4, 2012 without approval from the department.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 2, 2012.</p>		N 835	<p>N-835. Air Compressor will be checked by Knoxville Fire Sprinkler Company by 6-30-13 2012.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Administrator

5-17-12

8899

UVU921

If continuation sheet 1 of 2

Division of Health Care Facilities  
STATE FORM